

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
89/889300

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER			
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1	/		/			/		
2	/		/			/		
3	2		2			/		
4	1		2			/		
5	1		2			/		
6	1		2			/		
7	1		2			/		
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TOTAL IND.	14	↓	1	↓	1	↓		
TOTAL DEP.	14	↓	19	↓	7	↓		
TOTAL CLAIMS	15	↓	19	↓	8	↓		

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS		↓		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS